

**OFFICE OF SENATOR JIM WEBB**  
Constituent Service Inquiry

I would like your help in resolving a problem I am having with the following Federal agency:

\_\_\_\_\_

My problem is (please provide highlights, dates, and backup information):

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In keeping with the provisions of the Privacy Act of 1974, I authorize the office of Senator Jim Webb to request and review any information required to assist me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security or Claim Number: \_\_\_\_\_

Please mail this information to the Senator's Richmond office at 507 East Franklin Street, Richmond 23219 or fax to (804) 771-8313.